club-foot, torticollis, and spinal deviations, the product of primitive muscular retraction, and that the kind of luxation depends upon the direction in which the retraction happens. 2. There exists an order of deformities of the hip-joint not hitherto indicated, and to whom I apply the term of *pseudo-luxations*, because they look like luxations, although the head of the bone remains in the cotyloid cavity. These vary as do the complete luxations, and from the same causes. 3. The essential treatment consists in division of the retracted muscles. I have thrice performed this operation with success. The congenital luxations and pseudo-luxations of joints depend in the majority of cases on primitive muscular contraction, which takes place in three different modes: by shortening, by paralysis, and by stoppage of development of the retracted muscles; and the different varieties of these deformities are, like those of the neck, the spine, and the foot, the effect of this retraction differently distributed in the muscles of these parts. In a girl aged fourteen years, I divided the biceps, semi-tendinous, semi-membranous, and rectus internus, for two complete luxations of the knee, produced by primitive retraction of these muscles; on each side there was subluxation of the tibia backwards upon the condyles of the femur, rotation of the limb outwards through the space of about one-fourth of a circle, and an inclination outwards of the leg upon the thigh of about sixty degrees. The rotation outwards, the lateral inclination and the gliding backwards of the tibiæ, were reduced on the day following the operation to the simple normal flexion of the leg upon the thigh, and since that period there remained nothing more than a certain degree of permanent flexion of the joint. In order to convince those who feel any doubt respecting the safety with which these operations may be performed, I may add that, on the same day, I successfully divided in the young female above mentioned thirteen muscles or tendons beneath the skin, for the relief of certain deformities from which she suffered; on the following day, she felt no kind of pain nor indisposition, nor were there any symptoms of inflammation in any one of the divided parts.—*Brit. and For. Med. Rev.* Oct. 1840, from *Gaz. Méd. de Paris*, Jan. 25, 1840.

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55. *Puncture of Brachial Artery—compression—cure.* By John Barrett.—A patient " was bled for some affection of the chest, and the brachial artery unfortunately wounded: the hæmorrhage was profuse. A compress was immediately applied to the wound, and the arm bandaged from the hand to the shoulder. The limb was kept in a state of rest for a fortnight; no bad symptoms occurred, and, at the end of this time, the bandage and compress were removed. Pulsation was found in the artery at the point of puncture, but there was no aneurism, and no further treatment was necessary.

" The patient died at the end of five weeks after the accident, from the chest affection, for which he had been bled, thus giving an opportunity not often met with of examining the state of the parts. There was a slight effusion of serum about the neighbourhood of the puncture; a cicatrix in the posterior wall of the vein; condensation of the cellular structure between the artery and the vein, giving it a thickened sensation to the fingers when squeezed between them; an orifice in the anterior wall of the artery about a line in diameter, filled with a plug of lymph apparently becoming organized, and which looked like a small coagulum: the edges of the orifice were everted, as if they had been driven out by the stream of blood rushing from the artery: both the artery and vein were as pervious as in the natural state.

" It would seem, from this case, that the process by which a punctured artery is healed is not always by the formation of a coagulum *external* to the artery, and the effusion of coagulating lymph between the edges of the wounds; for though, no doubt, extravasation did take place in this case into the cellular substance, causing the thickening perceptible between the artery and vein, still this only acted immediately by allowing the formation of a plug in the arterial wound. This plug had not the appearance of coagulating lymph effused between the edges of the wound, for they were everted, but was evidently a coagulum formed by the stream of blood which had caused the eversion.

"In disease of the heart I have seen coagula adhering to the internal serous coat, and becoming organized, and so, no doubt, might this plug, and thus would the obliteration of the puncture have been effected if the patient had lived long enough.

"This case also shows that an operation is by no means always necessary when this accident occurs. Two other cases have come to my knowledge where the compress and bandage were successful; but the use of the bandage is necessary, rest being enjoined. The mere employment of compression at or above the wound can only be justifiable as a temporary expedient, and then it exposes the patient to great suffering, and, if persisted in with any view of cure, may lead to a fatal result. This happened in a case of puncture of the artery from bleeding, the limb becoming frightfully œdematous, and such a state of exhaustion taking place as not to allow of an operation.

"In a case which came under my own care, of a scythe-wound of the posterior tibial artery, the cure had been attempted by compression at and above the wound. The wound was sloughy, and the patient so exhausted by the repeated attacks of hæmorrhage, that a few days more must have terminated his life. I tied the artery at and above the wound, and eventually the case did well.

"If, then, compression be tried—and it really appears to me that, in wounds of the brachial artery from bleeding, we are bound to try it before resorting to an operation—the bandaging of the limb seems essential as diminishing the arterial, and, if properly used, as assisting the venous circulation, and thus preventing œdema."—*Lond. Med. Gaz.* May, 1840.

OPHTHALMOLOGY.

56. *On the Operation for Strabismus.* By Professor Dieffenbach.—Since my first communication on this operation it has had such a general reception and has acquired such an importance as I did not at that time anticipate. Upwards of 300 cases have been operated on by me within a few months, and both in Berlin and in other places my proceeding has been frequently imitated. I propose to give here a short general view of the results of my observations.

The youngest individuals in whom I have undertaken the division of the shortened muscle of the eye were five years old; the oldest were upwards of forty.

Sometimes one, sometimes both eyes squinted, and the operation had generally the same favorable result in both cases. When both eyes were affected I either operated first on that which squinted most, and when that was quite well on the other, or else on both at the same time.

Squinting inwards, from shortening of the rectus internus, was by far most frequent. Sometimes the trochlearis muscle was also shortened, so that it was necessary to divide it as well as the rectus. In the whole number of those I operated on there were only a few who squinted outwards, and still fewer in whom the eye was directed upwards or upwards and inwards. I found no eyes at all that squinted downwards.

Strabismus upwards was sometimes complicated with blepharoptosis. The division of the rectus superior not only cured the squinting, but the ptosis gradually diminished after it.

Strabismus outwards or inwards was often complicated with nystagmus bulbi. After the division of the external or internal rectus not only did the squinting cease but in general the nystagmus also. In other cases, however, the latter was persistent, and did not decrease till after the division of the rectus superior, or obliquus superior, or rectus externus.

When cataract and strabismus coexisted, the operations for both were done at the same time, and the result was in every case favorable to both.

In most of the patients the strabismus had commenced in very early childhood after ophthalmia neonatorum, scrofulous inflammation of the eyes with